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Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
19	- 20 or HP =	0	x	0	=	0
HP = highest number of total claims paid for, if greater than 20					Fee(\$)	Fee Paid (\$)

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03500.015440



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Mark R. Milia
MASAKI KASHIWAGI)	
	:	Group Art Unit: 2622
Application No.: 09/879,008)	
	:	Confirmation No.: 3370
Filed: June 13, 2001)	
	:	
For: IMAGE FORMING APPARATUS AND)	May 23, 2005
IMAGE FORMING METHOD	:	

Mail Stop Amendment
COMMISSIONER FOR PATENTS
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Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed February 23, 2005, Applicant submits
the following amendments and remarks.